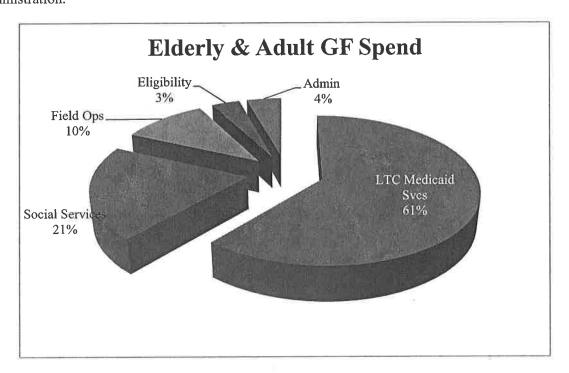
# Department of Health & Human Services

## 048, Elderly & Adult Services

## House Finance - Division III Presentation

## **Agency Overview:**

The Bureau of Elderly and Adult Services includes both Medicaid long term Community and Nursing Home costs for seniors, social service provider payments for non-Medicaid clients such as meals & transportation, adult protective service workers, audits and reviews of providers, and bureau administration.



FY14	FY15	FY15	FY16	FY17	FY16	FY17
			1 1 1 0	1.117	FIIO	FII/
Actual	Adj. Auth.	Revised	Agency	Agency	Governor	Governor
\$449,005,271	\$ 475,565,783	\$ 429,542,152	\$ 463,887,884	\$ 473,164,165	\$ 427,429,935	\$ 432,739,972
\$63,727,375	\$ 76,190,837	\$ 47,153,837	\$ 61,976,417	\$ 59,237,898	\$ 46,850,331	\$ 47,759,654
	\$449,005,271	\$449,005,271 \$-475,565,783	\$449,005,271 \$-475,565,783 \$-429,542,152	\$449,005,271 \$ 475,565,783 \$ 429,542,152 \$ 463,887,884	\$449,005,271 \$-475,565,783 \$-429,542,152 \$-463,887,884 \$-473,164,165	\$449,005,271 \$ 475,565,783 \$ 429,542,152 \$ 463,887,884 \$ 473,164,165 \$ 427,429,935

Budget HB1 Page 911-933

• FY15 Revised excludes \$29m GF transferred to & included in OMBP Budget

Date Presented: March 5, 2015 jhd

# Department of Health & Human Services

# 048, Elderly & Adult Services

## House Finance - Division III Presentation

# Caseloads (Clients Served):

Nursing Home	FY14	FY15	FY16	FY17
	Actual	Budget	Governor	Governor
Number	4,350	4,380	4,325	4,350
Ave. Cost/Case	\$44,300	\$44,600	\$44,300	\$44,300

- FY16 Utilization used in 1/1/15 Rates
- FY17 0.5% growth over FY16

Nursing H	ome Caseload		le .
SFY	Rate Setting Period	Utilization Used	Avg Rate
05)///	7/1/2013	4,380	\$151.77
SFY14	1/1/2014	4,290	\$160.58
	7/1/2014	4,300	\$159.83
SFY15	1/1/2015	4,325	\$155.41
SFY16		4,325	\$155.41
SFY17		4,350	\$155.41
	Actual Trend		
	Avg SFY14	4,350	
	Avg SFY15 YTD	4,270	

CFI	FY14	FY15	FY16	FY17
	Actual	Budget	Governor	Governor
Number	2,878	3,041	2,907	2,936
Ave. Cost/Case	\$18,360	\$19,506	\$18,360	\$18,360

- FY16 1% growth over FY14 Actual
- FY17 1% growth over FY16

Actual Trend	
Avg SFY14	2,878
Avg SFY15	2,882

Bureau of Elderly & Adult Services							ij									
Agency Reconciliation																
	L			SFY16	716				L			SFY17	717			
		Federal		General	Other	崩	c- 31	Total		Federal		General	Other	er	. //	<u>Total</u>
Maintenance Request	49	\$ 220,938,084	6/9	\$ 49,100,983 \$ 174,173,386 \$ 444,212,453	\$ 174,17	3,386	\$ 44.	4,212,453		\$ 227,704,861	69	51,887,893 \$ 178,871,408 \$ 458,464,162	\$ 178,8	71,408	\$ 45	8,464,162
Fund County Uncollectable Receivable	67	,	69	6.075.436	69	Į,	89	6.075.436	69	3	643	19	643	ā	69	ä
Fully Fund Nursing Facility Rates	69	000,008,9	<b>69</b>	6,800,000	69	10	\$ 1.	13,600,000	69	7,350,000	64	7,350,000	€4	()	\$ 1	14,700,000
Change Request	69	6,800,000	69	12,875,436	s		5	\$ 19,675,436	5/9	7,350,000	69	7,350,000	69	•	8	14,700,000
Total Agency Request	5/9	\$ 227,738,084	69	61,976,419	\$ 174,173,386	3,386	\$ 46	\$ 463,887,889		\$ 235,054,861	6/9	59,237,893	\$ 178,871,408	71,408	\$ 47	\$ 473,164,162
Elimination of Change Items	69	(6,800,000)	60	(12,875,436) \$	€9		\$ (1)	(19,675,436)	69	(7,350,000) \$	69	(7,350,000)	€	1	\$ (1	\$ (14,700,000)
Inflation & Case Load Assumption Changes	69	(8,051,777)	69	(1,919,465)		(6,132,315) \$	\$ (1	(16,103,557) \$	69	(12,485,256) \$	69	(3,752,886)	\$ (8,7.	(8,732,370) \$	\$ (2	(24,970,512)
Salary and Benefit Reductions (4 positions unfunded)	€9	(131,596)	69	(303,244) \$	69		€9	(434,840)	69	(140,301) \$	€?	(323,187)	69	ŭ.	€	(463,488)
Administrative Reductions	69	(216,178)	↔	(277,943)	69	į	69	(494,121)	69	(238,024)	643	(302,167)	69	9	69	(540,191)
Crotched Mountain Addition	69		69	250,000	<del>60</del>	3	69	250,000	69	1	69	250,000	69	×	€9	250,000
Governor Recommend	S	\$ 212,538,533	S	46,850,331	\$ 168,041,071		\$ 42	\$ 427,429,935		\$ 214,841,280	69	47,759,653 \$ 170,139,038 \$ 432,739,971	\$ 170,1	39,038	\$ 43	32,739,971

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W. Carlotte
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Revised Inc (dec) from Adj Auth SFY14 to SFY15
Adj Auth Adjustments,
Revised A
Description
Class

1 of 2

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2 D	iv III H	Div III House Finance 3/5/15												
8 4 A	gency b	A Agency by Class Summary												
<u> </u>			FY 2014		EV 2015				FY 2016			FY 2017		
n w	Class	Description	Revised	Adj Auth	Adjustments	Revised Adj Auth	Inc (dec) from SFV14 to SFV15	% change over prior year	Governor's Recommended	Inc(dec) over sfy15	% change over prior year	Governor's Recommended	Inc (dec) from SFV16	% change over prior year
46	512	Transportation of Clients	1,228,047	1,697,657		1,697,657	469,610	38%	1,697,657		%0	1,697,657		%0
48	540	Social Service Contracts	968,227	1,374,914		1,374,914	406,687	45%	1,374,914	9	%0	1,374,914	a	%0
49	541	Meals -	1,591,804	5,282,353	(3,136,247)	2,146,106	554,302	35%	2,146,106	R#X	%0	2,146,106	(38)	%0
20	544	Meals - Home Delivered	691,660,9	3,106,253	3,136,247	6,242,500	143,331	2%	6,400,542	158,042	3%	6,452,667	52,125	1%
51	542	Homemaker Services	-	2,193,496	(2,193,495)	П	*	%0	1	36	%0		*	%0
52	543	Adult In Home Care	4,837,306	3,914,807	2,193,496	6,108,303	1,270,997	79%	6,108,303	((€	%0	6,230,469	122,166	2%
23	545	I & R Contracts	139,580	157,955		157,955	18,375	13%	157,955	61	%0	161,114	3,159	2%
54	550	Assessment And Counseling	1,398,033	1,714,000		1,714,000	315,967	23%	1,714,000	(1)	%0	1,714,000	*	%0
55	995	Adult Group Daycare	347,254	462,435		462,435	115,181	33%	462,435	58	%0	471,683	9,248	2%
26	570	Family Care Giver	646,168	1,033,333		1,033,333	387,165	%09	299,996	(66,666)	%9-	299,996	12	0%0
22		Total Expenditures	415,389,467 475,565,783	475,565,783	(45,421,662)	429,542,152	14.152,685	3%	427,429,935	(2.112,217)	%0	432,739,972	5.310.037	1%
82 02										84			()	
09	000	Federal Funds 404821	202,144,974 231,604,618	231,604,618	(22,710,831)	208,893,787	6,748,813	3%	212,538,533	3,644,746	2%	214,841,280	2,302,747	1%
61	900	Private Local Funds 403399	128,629,220 129,613,754	129,613,754		129,613,754	984,534	1%	130,077,348	463,594	%0	131,795,678	1,718,330	1%
62	000	Agency Income 402241	37,695,800	38,156,575		38,156,575	460,775	1%	37,963,723	(192,852)	-1%	38,343,360	379.637	1%
63	GF	General Fund	46.919.473	76,190,836	(29,038,814.00)	47,152,022	232,549	%0	46.850.331	(301,691)	-1%	47,759,654	909.323	2%
49		Total Revenue	415,389,467 475,565,783	475,565,783	(51,749,645)	423,816,138	8,426,671	7%	427,429,935	3,613,797	1%	432,739,972	5,310,037	%1
59 5	4	Common and the second s	de se OMOB cum	r.										
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AU 5942 Broken out by Expenses & Revenues Prepared for House Division III 3/5/2015

Account 5942							
			Incr(decr)	FY 2016	Incr(decr) over	FY 2017	Incr(decr) over
	FY 2014	FY 2015	over prior	Governor's	prior year FY	Governor's	prior year FY
	Actual Expense	Adjusted Auth	year FY 15-14	Recommended	16-15	Recommended	17-16
LTC - NH & CFI							
Expenditures							
Nursing Home Payments	192,853,551	195,536,588	2,683,037	191,355,300	(4,181,288)	192,452,700	1,097,400
CFI Payments	52,838,970	59,318,489	6,479,519	53,367,360	(5,951,129)	53,901,034	533,674
Indirect & Audit Set Aside	228,810	335,238	106,428	324,448	(10,790)	332,186	7,738
Total Exp	245,921,331	255,190,315	9,268,984	245,047,108	(10,143,207)	246,685,920	1,638,812
					-4%		1%
Revenue							
Federal (50%)	122,960,666	127,595,158	4,634,492	122,523,554	(5,071,604)	123,342,960	819,406
County CAP (42%)	104,000,489	107,499,984	3,499,495	103,517,685	(3,982,299)	104,207,632	689,947
General Fund (8%)	18,960,177	20,095,174	1,134,998	19,005,869	(1,089,305)	19,135,328	129,459
Total Revenue	245,921,331	255,190,315	9,268,984	245,047,108	(10,143,207)	246,685,920	1,638,812

AU 5942 Broken out by Expenses & Revenues Prepared for House Division III
3/5/2015

			9		90	25	8	F	6;	9	33	X
	Incr(decr)	over prior	year FY 17-16		2,056,766	755,092	2,811,858	***	1,405,929	377,546	1,028,383	2 811 858
	FY 2017	Governor's	Recommended		55,176,092	76,264,298	131,440,390		65,720,195	38,132,149	27,588,046	131 440 390
	Incr(decr)	over prior	year FY 16-15		8,891,785	265,643	9,157,428		4,578,714	132,822	4,445,893	0 157 478
	FY 2016	Governor's	Recommended		53,119,326	75,509,206	128,628,532		64,314,266	37,754,603	26,559,663	128 628 532
	Incr(decr)	over prior	year FY 15-14		(5,029,921)	1,639,575	(3,390,346)	*	(1,695,173)	819,787	(2,514,961)	(3 200 216)
		FY 2015	Adjusted Auth		44,227,541	75,243,563	119,471,104		59,735,553	37,621,781	22,113,771	110 171 101
		FY 2014	Actual Expense		49,257,462	73,603,988	122,861,450		61,430,725	36,801,994	24,628,731	122 861 450
5942				<u>itures</u>	4.		dx		Funds		County Proshare	Cotol Derivatives
Account 5942				Expenditures	Proshare	MOIP	Total Exp		Federal Funds	NFOA	County	Total D

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1												
2	Division III House Finance		SOCIAL SERVICES FOR		NON-MEDICAID CLIENTS	CLIENTS						
m	3/5/2015											
	Amounts in '000											
n c												
0 1	Adm on Aging and SSBC	SEV 2014	SFV 2015	Inc(decr)			SFY 2016	Inc(decr)		SFY 2017	Inc(decr)	
.   ∞	DESCRIPTION	Actual	Cur Adj Auth	SFy15-14	% change	G	Governor's	SFY16-15	% change	Governor's	SFY17-16	% change
0	Transportation of Clients	1,228	1,698	470	38%		1,698	18	%0	1,698		%0
10		7,690	8,389	669	%6		8,546	157	2%	8,598	52	1%
11	Social Service Contracts	6,799	8,979	2,180	32%		8,912	(67)	-1%		131	1%
12	Nutrition Supplemental Payments	1,023	1,300	277	27%		1,200	(100)	%8-	1,200	Ď.	%0
13	_	1,581	2,292	711	45%		1,698	(594)	-26%	1,284	(414)	-24%
14	т—	18,321	22,658	4,337	24%		22,054	(604)	-3%	21,823	(231)	-1%
15				ñ								
16				*								
24	Total Federal	10,167	12,795	2,628	26%	*	11,635	(1,160)	%6-	11,206	(429)	-4%
25	[(CSS)	8.154	9,863	1,709	21%		10,419	556	%9	10,617	861	2%
26	Total Revenue	18,321	22,658	4,337	24%		22,054	(604)	-3%	21,823	(231)	-1%
27												
28												
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# Department of Health & Human Services

## 048, Elderly & Adult Services

## House Finance - Division III Presentation

### Narratives:

**Nursing Services - County Participation Accounting Unit 4815-5942** 

PURPOSE: This Long Term Care Nursing Service Accounting Unit funds the payments listed below.

- 1. Nursing Facility (NF) & Choices for Independence (CFI) rates are for direct service to Medicaideligible individuals who meet the clinical and financial eligibility standards defined in law for nursing facility long-term care. These services are provided as nursing facility care and as home and community based care through the Choices for Independence Program (CFI) waiver program.
- 2. Proportionate Share Payments, also known as ProShare, are annual Medicaid supplemental payments made to each county. New Hampshire receives Federal Medicaid funds based upon the difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents had been from Medicare. The federal share, which is half of the total, is divided among the counties.
- 3. The Medicaid Quality Incentive Program (MQIP) provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. This is done through a three-step process as follows:
  - a. Every licensed nursing home pays a Nursing Facility Quality Assessment (NFQA) of 5.5% of net patient services revenue to the New Hampshire Department of Revenue, each quarter.
  - b. The aggregate funds are then transferred to DHHS, which is then matched with Federal Medicaid funds.
  - c. Nursing facilities, that accept Medicaid reimbursement, are then paid an MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget neutrality factor.

#### CLIENT PROFILE:

## Nursing Facility, Choices for Independence & Medicaid Quality Incentive Program:

Nursing facility services are provided to children under age 18 years with severe disabilities:

• Temporary Assistance to Needy Families (TANF).

Nursing facility services are provided to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. Individuals seek nursing facility services both for short term, rehabilitation or recuperative services and for long term stays when living independently at home is no longer feasible,

- Aid to the Permanently and Totally Disabled (APTD) (ages 18-64 yrs)
- Temporary Assistance to Needy Families (TANF)
- Old Age Assistance (age 65 years and older)

Community based care services are provided in private homes and residential care facilities to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI participants are clinically eligible for, and in need of, nursing facility level of care.

- Aid to the Permanently and Totally Disabled (APTD) (ages 18-64 yrs)
- ♦ Temporary Assistance to Needy Families (TANF)
- Old Age Assistance (age 65 years and older)

Nursing Homes residents receive nursing care in a residential setting that promotes rehabilitation and enhanced support in activities of daily living. Nursing care is provided 24 hours per day. Nursing facility care is the most intensive level of service provided outside of a hospital. Admissions to a nursing facility can be temporary for those who require short-term rehabilitation or a brief recuperative period after an extended hospitalization. The structure and support offered within a nursing facility enables individuals to maximize their level of independence and affords some residents the opportunity to return home. Residents for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities.

## **Proportionate Share:**

ProShare payments are calculated based on Medicaid payments for care provided by County nursing facilities. The New Hampshire counties have historically been the providers of last resort to the poor and indigent.

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Agency	Agency	Gov	Gov
TOTAL FUNDS	\$368,783	\$374,661	\$403,379	\$209,065	\$373,676	\$378,126
GENERAL FUNDS	\$18,052	\$19,928	\$27,563	\$30,072	\$18,844	\$18,969
ANNUAL COST PER CASE-TOTAL						
Nursing Homes (1)	\$61,255	\$61,822	\$66,697	\$67,841	\$61,703	\$61,774
Choices for Independence	\$18,360	\$19,506	\$19,278	\$20,242	\$18,358	\$18,359
CASELOAD						
Nursing Homes	4,350	4,380	4,394	4,438	4,325	4,350
Choices for Independence	2,878	3,041	2,950	3,024	2,907	2,936

<sup>(1)</sup> These costs include the additional supplemental payment Nursing Homes receive under the Medicaid Quality Incentive Payment (MQIP) Program.

## FUNDING SOURCE: The accounting unit is funded:

- 1. 50% Medicaid.
- 2. Approximately 28% County CAP Counties participate in funding these costs, up to the cap set forth in RSA 167:18-aIn SFY14, it was \$109M prior to any credits. The SFY15 CAP is \$112.5M prior to any credits.
- 3. Approximately 10% Nursing Facility Quality Assessment (NFQA)
- 4. Approximately 7% County Participation, as their half of ProShare payments.
- 5. Approximately 5% General Fund (GF) which makes up the subsidized amount between the 50% Federal funds, costs over the cap, NFQA and county portion of ProShare.

## **SERVICES PROVIDED:**

Nursing Facility & Choices for Independence:

Date Presented: March 5, 2015

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Medicaid regulations are governed by Title XIX of the Social Security Act. 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service. 42 CFR 441.301 provides the regulatory authority for the Choices for Independence waiver program, an optional program, and is re-authorized by the Centers for Medicare and Medicaid Services (CMS) every five years. New Hampshire RSA 151-E requires the Department to provide home and community based care as an alternative to nursing facility care, defines clinical eligibility for the care to be covered by the Medicaid Program that establishes cost controls. The cost controls defined in RSA 151-E:11 mandate that expenditures for CFI services do not exceed either 60% (for Mid-level care) or 50% (for Home Health and Home Support care) of the average cost of nursing home care. This requirement ensures that an individual's care through CFI is less costly than his/her care would have been in a nursing facility.

The most cost-effective manner to deliver long-term care services is through home and community-based care. As shown in the Financial History section, above, community-based care is significantly less costly than facility-based care. The Department is committed to continuing to promote the use of community-based care that maximizes the opportunity to provide home care in place of institutional care.

Approximately eighty-five percent (85%) of the budget funds Nursing Facility services. Nursing facility residents receive nursing care in a licensed residential setting that provides rehabilitation and enhanced support with all activities of daily living. Nursing care services are provided 24 hours per day, seven days per week to individuals who meet the clinical eligibility for nursing facility level of care defined in RSA 151-E:3. Facilities provide structure and support through skilled staff and volunteers to maximize residents' independence and capabilities, in some cases leading to the resident's return to the community. Facility-based service is the least community-integrated and most intensive level of nursing service provided outside of a hospital.

Approximately fifteen percent (15%) of the budget funds CFI services. CFI includes Home Support services, Home Health services and residential care (mid-level care). All services are individually priorauthorized by the Department to meet identified clinical needs and are available on a statewide basis. Home Support and Home Health services are provided in private homes by approved agencies. Mid-level care is provided by licensed residential care facilities and has been used increasingly as more people become unable to remain in their own homes due to needing more care and oversight than can be economically provided in a private home.

### **Proportionate Share:**

ProShare is a component of the Medicaid State Plan approved by the Centers for Medicare and Medicaid Services (CMS), Title XIX of the Social Security Act governs Medicaid. The state authority is RSA 167:18-h. The federal authority is 42 CRF 447.272. It is paid to all ten counties in New Hampshire.

ProShare is a supplemental payment paid to the counties and is the difference between Medicaid rates and what the counties would be paid if they received Medicare rates for the same residents.

## Medicaid Quality Incentive Program:

Two state statutes govern this program. RSA 84-C regulates the NFQA process while the MQIP process is governed by RSA 151-E. MQIP provides supplemental payments to nursing facilities based upon the number of paid Medicaid bed days. All nursing facilities statewide that are paid through the Medicaid acuity-based reimbursement system receive supplemental MQIP rates.

Date Presented: March 5, 2015 jhd

<u>SERVICE DELIVERY SYSTEM:</u> All nursing facility and CFI services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid Program.

The ProShare payments are paid to counties based upon the Medicaid residents within the county nursing facilities.

Supplemental MQIP rate payments are made to all New Hampshire licensed nursing facilities that have received Medicaid nursing home bed payments through the acuity-based rate setting system during the previous quarter. Currently there are 72 licensed acuity-based nursing facilities in New Hampshire.

## **EXPECTED OUTCOMES:**

# Nursing Facility License

The intent of nursing facility care is to provide safe and effective care on a 24 hour, 7-day/week basis. This is ensured by the routine inspections, both planned and unplanned, by the Bureau of Licensing and Certification. The following domains are included in inspections:

- 1. Facility Administration;
- 2. Compliance with the Bill of Rights, established at RSA 151:19-21;
- 3. Compliance with health requirements and building, fire, and zoning ordinances;
- 4. Provision of core services; and
- 5. Compliance with all requirements in He-P 803.

The expected outcome is that none of the 81 facilities, currently providing nursing care, will lose their license/certification status, jeopardizing the health and well being of the residents.

## **CFI Care Satisfaction**

The intent of the CFI program is to provide the necessary supports to allow participants to remain in their own home as opposed to moving into a nursing home. This is achieved by the assigned case manager developing a comprehensive care plan with the participant that ensures that the participant's needs are met either by CFI services or through other services provided.

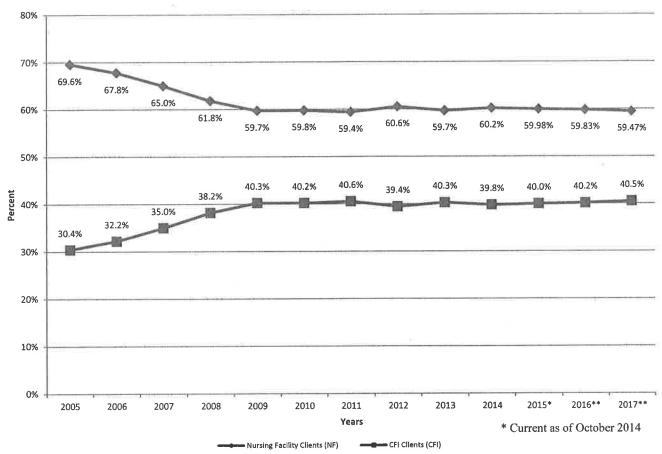
The expected outcome is that each participant will have a comprehensive care plan created by the assigned case manager in collaboration with the participant, that identifies the services and supports that will enable the participant to remain in a community based setting, and that each participant will be aware of his/her ability to choose their service providers. These outcomes are measured through record reviews and through the administration of Participant Experience Surveys (PES). The results of the most recent PES show that 78% of the participants interviewed say they feel they have had enough say about the development of their plans, and that four in five (80%) say they are receiving all of the services listed in their plans. The Case Management Agencies participated in onsite reviews in 2009 and 2011 that focused on the development of comprehensive care plans based on comprehensive assessments. A valid sample of cases was reviewed and with excellent results in both years in that 93% of the comprehensive care plans were rated as having met the standard of containing all the services and supports necessary to meet participants' needs in order to remain in the community.

### Clients and Caseloads

The first chart below shows the percentage of long term care clients in Nursing Facilities as compared to CFI clients from 2005 to current. In 2005 the split was approx. 70% in Nursing Facilities and 30% in CFI-home and community based care programs. Since then there has been a gradual shift with less clients in Nursing Facilities and more utilizing services in their home and community.

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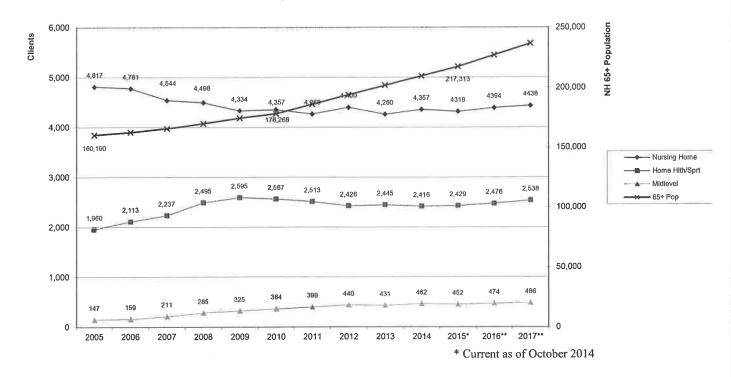




This second chart shows the growth in the New Hampshire population age 65 and older and the caseloads for Nursing Facilities, Mid-level and Home Health/Support programs.

jhd

## Long Term Care Monthly Caseloads



# Administration on Aging Accounting Unit 4810-7872

<u>PURPOSE</u>: Provides funding for a variety of home and community-based services designed for individuals age 60 and older to promote and support their independence. These services are part of the "safety net" targeted to low-income older adults who may not meet Medicaid eligibility criteria.

<u>CLIENT PROFILE</u>: The Administration for Community Living and the New Hampshire State Plan on Aging require that these services be provided to individual's age 60 and older living in their own homes. Federal regulations direct States to *target* or demonstrate preference to serving persons who are age 85 and older, low-income, live in rural areas, have disabilities, have Alzheimer's disease, are non-English speaking, or are otherwise socially and economically disadvantaged.

FINANCIAL HISTORY						
Rounded to \$000 except cost per	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17
case						
	Actual	Adj	Agency	Agency	Gov	Gov
		Auth				
TOTAL FUNDS	\$9,891	\$12,507	\$12,684	\$12,268	\$12,404	\$11,987
GENERAL FUNDS	\$3,937	\$4,091	\$5,336	\$5,343	\$5,181	\$5,189

<u>FUNDING SOURCE:</u> This accounting unit is funded by Federal Title III and Nutrition Services Incentive Program (NSIP) Grant money from the Administration for Community Living and General Funds. There is a minimum mandatory General Funds matching requirement varying from 15 to 25 percent. Federal regulations governing the Older Americans Act (OAA) require the State to assure a Maintenance of Effort amount, which is the average of the spending amounts over the last three most recent years.

## SERVICES PROVIDED:

This accounting unit is governed by two authorities, State of New Hampshire RSA 161-F; and the Federal Older Americans Act (OAA) of 1965, as amended. The OAA requires the establishment of a designated State Aging Agency to administer programs funded by the Act. The NH Legislature has designated the Bureau of Elderly and Adult Services as NH's State Agency on Aging. Specific responsibilities of the State Aging Agency are defined in the Act and include: 1) developing, submitting and obtaining federal approval of the State Plan on Aging; 2) planning, policy development, administration, coordination, priority setting, and evaluation of all activities under the Act; and 3) to serve as an effective and visible advocate for older adults and provide technical assistance to any agency or group developing programs or legislation impacting the State's elderly population.

In addition to the administrative functions of the State Agency, Older Americans Act (OAA) funding also supports the following services: adult day programs, caregiver supports, in home care, homemaker, home health aide, legal assistance, nursing, dental services, services for the deaf/hearing and visually impaired, fuel assistance, transportation, and congregate and home-delivered meals. BEAS spends approximately \$1M each year in supplemental Nutrition Services Incentive Program (NSIP) payments for Nutrition providers. BEAS contracts with 11 providers who receive the NSIP payments, which are based on the number of meals the providers, serve to eligible individuals. Services are provided Statewide.

		Metric #	SFY12	Metric #	SFY13	Metric #	SFY14
Service	Metric	SFY12	Expenditures	SFY13	Expenditures	SFY14	Expenditures
Meals	# of Meals	1,118,057	\$5,251,261	1,104,810	\$5,719,351	1,006,948	\$5,220,474
Transportation	# of trips	260,321	\$1,411,140	255,358	\$1,268,428	252,010	\$1,229,510
Family Care Giver - Respite & Supp.	# of families	475	\$371,685		\$369,355		\$457,565
Family Caregiver - Service Link	# of families	475	\$326,917		\$308,412		\$283,105
Legal Service + Support Services	# of individual s served	6,665	\$265,178	5,333	\$265,178	4,760	\$132,661
Adult Group Day Care - IIIB Non-Prot. *	# of hours	40,177	\$238,181	36,087	\$228,414	30,780	\$208,381
Home Health Aide - IIIB Non-Protection *	# of visits	19,452	\$223,455	18,088	\$207,476	12,841	\$149,598
Homemaker – IIIB Non-Protection *	# 1/2 hour visits	27,016	\$200,040	27,231	\$202,718	24,994	\$186,455
Adult In Home Care - IIIB Protective *	# of hours	9,883	\$153,169	10,024	\$158,880	8,484	\$134,471
Community Living Program (DIV 3) NP *	# of families	475	\$146,577				

<sup>\*</sup>Protective or protection services are those provided to older and disabled adults in cases of founded neglect, abuse, and exploitation as part of a protective services plan. Non-protection services are those provided to maintain an individual's independence in a community setting and/or to prevent or delay further decompensation.

<u>SERVICE DELIVERY SYSTEM:</u> Direct services are provided through contracts with approximately 54 provider agencies located throughout the State, most of them non-profit.

## **EXPECTED OUTCOMES:**

Date Presented: March 5, 2015 jhd

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# LTC Assessment and Counseling Accounting Unit 4815-6180

PURPOSE: This accounting unit funds three major activities:

- 1. A contract with the University of Massachusetts who employee nurses to complete the Medical Eligibility Determination (MED) assessment instrument for Medicaid long-term care. This accounts for approximately 19% of the budget for this accounting unit.
- 2. State support and nursing staff who are trained to determine Medical Eligibility and authorize service plans for Medicaid long-term care.
- 3. Long Term Care (LTC) assessment and counseling, which is a process that educates seniors, adults with disabilities and their families about how their care needs, can be met in the least restrictive means possible. The remaining 75% of the budget is contracted to the ServiceLink Resource Center program, which is a locally based information and assistance resource for long-term care and community services for the elderly, adults with disabilities and families. ServiceLink staff are educated about local resources and trained to counsel individuals and families as they make decisions about long term care. ServiceLink is New Hampshire's Aging and Disability Resource Center (ADRC) program.

### LTC Assessment & Counseling

ì	SFY14	SFY15	% of
,	Actual	Adj Auth	Budget
Total Encumbered for 5 Contracted Nurses	\$ 149,022.53	\$ 327,688	19%
Estimated MED Expense	\$ 100,699.77	\$ 86,313	5%
SLRC Assessment & Counseling	\$ 1,148,787.95	\$ 1,300,000	76%
Total 6180-550	\$ 1,398,510.25	\$ 1,714,000	100%

CLIENT PROFILE: The elderly, adults with disabilities and their families.

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Agency	Agency	Gov	Gov
TOTAL FUNDS	\$1,410	\$1,727	\$1,727	\$1,762	\$1,727	\$1,727
GENERAL FUNDS	\$705	\$863	\$863	\$881	\$863	\$863

FUNDING SOURCE: This accounting unit is funded 50% Medicaid and 50% General Funds.

SERVICES PROVIDED: State of NH Law, RSA 151-E:9, governs this accounting unit.

The ServiceLink Resource Center (SLRC) network provides a single point of entry for accessing the entire continuum of long-term care, including community based care and nursing home care. Services provided under this heading include counseling and education about wellness and caregiving, referrals to community providers and assistance with the application and eligibility determination process for Medicaid-funded long-term care, including both nursing home care and home and community based services, mandated under RSA 151-E. This fund also supports a contract with the University of Massachusetts for nurses who under contract assess clinical eligibility for long term care whose eligibility is determined by BEAS nursing staff who determine eligibility.

#### SERVICE DELIVERY SYSTEM:

At present, contract nurses provide long-term care assessment services.

Long-term care options counseling is provided by part-time options counselors in each of the **ServiceLink** sites throughout the State, with which we contract. BEAS contracts with 10 ServiceLink Agencies covering a total of thirteen (13) sites throughout the State, with at least one (1) in each county.

Funding for **Servicelink** comes from a variety of accounts within BEAS. The current contract with Servicelink is \$2.8 million and is funded from a combination of Federal grants and General Funds. Approximately 85% of the SLRC contract is applied to salary and benefits.

ServiceLink Reso	ource Center (SLRC)													
dollars in thousa	nds													
		BIE!	SYZE)	SERVE S	SFY15		SI	FY16	S	FY17	SI	Y16	SI	FY17
				1	SLRC	% of SLRC		To	otal					
		T	otal	Α Α	ctual	Funding to		Mainte	enar	nce	Total Governor		rnor	
Accounting Unit -		Bu	dget	Cor	ntracted	Total Budget	В	Budget per class		class	Budget per		er (	class
Class	Description of Unit	in Class		in Class Amount		Line	line				line			
7872-570	Admin on Aging Grants	\$1	,033	\$	357	35%	\$	967	\$	967	\$	967	\$	967
9255-545	Social Service Block Grant	\$	158	\$	147	93%	\$	161	\$	164	\$	158	\$	161
8925-102	Medicaid SHIP	\$	250	\$	249	100%	\$	250	\$	250	\$	250	\$	250
3317-102	AOA SMPP	\$	325	\$	211	65%	\$	310	\$	310	\$	310	\$	310
8888-102	MIPPA Grant	\$	24	\$	34	142%	\$	125	\$	125	\$	125	\$	125
9565-102	ServiceLink	\$	532	\$	506	95%	\$	532	\$	532	\$	532	\$	532
6180-550	LTC Assessment & Counseling	\$1	,714	\$	1,263	74%	\$	1,714	\$1	,748	\$1	.714	\$	,714
	Total To SLRC	\$4	,036	\$	2,767	69%	\$4	1,059	\$4	1,096	\$4	,056	\$4	1,059

## **EXPECTED OUTCOMES:**

## ServiceLink Contract Performance Outcome Measures

The following performance outcome measures will be used to measure the effectiveness of Long-Term Supports Options Counseling (LTSOC):

- 95% of consumers receiving Information & Referral/Assistance (I&R/A), LTS Options, Medicare, and Caregiver support Counseling are satisfied with courtesy, timeliness and helpfulness of the SLRC services received.
- 90% of consumers receiving I&R/A, LTSOC, Medicare, and Caregiver support Counseling will trust the information provided by the Resource Center.
- 90% of all consumers will agree that the resource center followed-up within a reasonable amount of time.
- 95% of consumers receiving LTSOC report that the Resource Center Staff explained their options to their understanding.
- 95% of all consumers reported that they received access assistance when requested.
- 90% of persons using the SLRC will report that LTSOC enabled them to make informed decision about their long-term support services.

Since 2011, BEAS has deployed reporting requirements in which to collect data, measure performances, and to develop standards in order to monitor and improve the SLRC and its services. BEAS has developed and will continue to develop with the contractor, performance and outcome measures. Each year since 2011, the SLRC evaluation reports have exceeded the above percentages.

## MED's Processed

Date Presented: March 5, 2015

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Since 2009, the Medical Eligibility Determination (MED) is the critical piece used for determining clinical eligibility for both Choices for Independence (CFI) and Nursing Facility (NF) services. Since 2009, the number of CFI and NF MED's processed has increased. This is due, in large part to, people becoming more aware of home & community based care options.

Total number of MEA's Processed										
	SFY	SFY	SFY	SFY						
	2011	2012	2013	2014						
CFI	3,610	4,358	3,597	4,095						
NF	2,618	2,488	2,415	2,341						
Total	6,228	6,846	6,012	6,436						

# Social Services Block Grant (SSBG) Accounting Unit 4810-9255

<u>PURPOSE</u>: To provide a variety of home and community based services and supports to older adults and adults with disabilities that maintain an individual's independence in their home or other community setting and/or to prevent

or remedy adult neglect, abuse, and exploitation.

<u>CLIENT PROFILE</u>: Persons aged 60+ and adults aged 18+ with disabilities or chronic conditions whose monthly income does not exceed \$1,194 per person.(note: going up to \$1,214 as of 1/1/15). Services provided as part of a protective investigation do not have an income requirement. The minimum service recipient age for SSBG services provided by BEAS is 18.

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY14	SFY15	<b>SFY16</b>	<b>SFY17</b>	<u>SFY16</u>	<u>SFY17</u>
	Actual	Adj Auth	Agency	Agency	Gov	Gov
TOTAL FUNDS	\$8,431	\$10,150	\$9,843	\$10,040	\$9,650	\$9,837
GENERAL FUNDS	\$4,215	\$5,650	\$5,343	\$5,540	\$5,239	\$5,428

FUNDING SOURCE: This accounting unit is funded by SSBG (Title XX) and General Funds.

<u>SERVICES PROVIDED:</u> RSA 161-F and Title XX of the Social Security Act govern the following services provided by SSBG: Adult group day, in home care, homemaker, guardianship, home delivered meals, chore, respite, and emergency support.

Service	Metric	Metric # SFY12	SFY12 Expenditures	Metric # SFY13	SFY13 Expenditures	Metric # SFY14	SFY14 Expenditures
Meals	# of Meals	576,527	\$2,792,895	448,786	\$2,296,849	427,193	\$2.281.451
Adult In Home Care	# of hours	214,883	\$2,972,172	203.389	\$2,778,071	178,396	\$2,438,673
Homemaker - XX Non- Protection*	# 1/2 hour visits	262,080	\$1,953,461	249,580	\$1,862,031	251,005	\$1,872,497
Adult In Home Care- XX Protective*	# of hours	41,219	\$618,357	42,580	\$674,893	33,237	\$526,806
Adult Group Day Care- XX Non-Prot.*	# of hours	60,616	\$394,672	53,707	\$352,869	51,490	\$348,587
Emergency Support	# of items purchased	1,424	\$160,464	1,837	\$164,720	4,074	\$153,872
Information & Referral	# of contacts	92,726	\$143,248		\$142,204		\$142,855
Guardianship – XX	# of wards	35	\$58,163		\$63,450		\$95,750
Chore	# of jobs	1,533	\$52,907	841	\$52,527	2,309	\$54,226
Respite Care	# of hours	129	\$774	269	\$1,614	178	\$1,048

<sup>\*</sup> Protective or protection services are those provided to older and disabled adults in cases of founded neglect, abuse, and exploitation as part of a protective services plan. Non-protection services are those provided to maintain an individual's independence in a community setting and/or to prevent or delay nursing home placement.

<u>SERVICE DELIVERY SYSTEM</u>: Direct services are delivered through contracts with approximately 54 provider agencies, most of which are non-profit. Services are provided Statewide.

EXPECTED OUTCOMES: The expected outcomes of this program area are that:

- low-income individuals served will remain safe in their independent settings.
- service providers will provide all services included in their contracts.

**Nursing Services: Non-County Participation** 

Accounting Unit 4815-6173

<u>PURPOSE</u>: This Accounting Unit includes Medicaid services funded by BEAS without County funding participation. BEAS manages the Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical Payments to providers in the Medical Payments to Providers class line. The Other Nursing Homes category consists of Intermediate Care Facility – Intellectual Disabled facility and Aid to the Needy Blind (ANB).

Prior to SFY16, the medical payments to providers; prescription drug expenses; outpatient hospital; and state phase down, as they relate directly to Medicaid State Plan Services, managed by the Office of Medicaid Business and Policy (OMBP), was part of the Accounting Unit. For SFY16/17, all of these expenditures will be in the OMBP accounting unit.

#### CLIENT PROFILE:

Medicaid Payments to Providers or Provider Payments for Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical are State Plan services provided to BEAS clients that fall outside of the services reimbursed under Nursing Services Org 4815-5942. To qualify, the individual must be Medicaid eligible & enrolled at nursing home level of care.

The Other Nursing Homes category provides nursing facility services for children at Cedar crest, the only Intermediate Care Facility for the Intellectually Disabled (ICF-ID) facility in New Hampshire, as well as services for people eligible for Medicaid under Aid to the Needy Blind (ANB). The Cedar crest facility is for children who are severely disabled. This facility has a capacity of 24 children and depends primarily upon Medicaid funds and is the only one of its type on New Hampshire.

Disabled adults under age 65 are enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD) Program. Clients must first be found eligible for this eligibility category by DHHS, based on medical information about their disability. A subsequent clinical assessment is completed by a nurse and evaluated by BEAS to determine if the person meets the long-term care clinical eligibility criteria defined in RSA 151-E.

Elderly adults are enrolled in Medicaid through the Old Age Assistance program. Client must have Home and Community Based Care – Elderly/chronically ill special eligibility from either community or nursing home, or nursing home placement level of care.

FINANCIAL HISTORY	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17
Rounded to \$000 except cost per case	Actual	Adj Auth	Agency	Agency	Gov	Gov
TOTAL FUNDS*	\$17,504	\$22,718	\$24,464	\$19,307	\$18,638	\$19,558
GENERAL FUNDS*	\$8,752	\$11,359	\$15,056	\$9,438	\$9,230	\$9,688
CASELOAD	2,697	2,776	2,804	2,832	2,804	2,832
COST PER CASE-TOTAL	\$6,490	\$8,184	\$8,725	\$6,818	\$6,648	\$6,907

<u>FUNDING SOURCE:</u> This accounting unit is funded by Medicaid (50%); Agency Income (1%); and, General Funds (49%). The Agency Income consists of Nursing Facility Quality Assessment (NFQA) for ICF-ID (formerly ICF-MR) facilities, which is approximately \$210K.

## SERVICES PROVIDED:

These services are required under Title XIX of the Social Security Act and RSA 151-E.

Medical Payment to Providers includes Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical nursing home level of care. Crotched Mountain is the largest facility paid in this category. Other Nursing Homes provide nursing facility services for people eligible for Medicaid under Aid to the needy Blind (ANB), and children at Cedar crest, an ICF-ID facility.

## SERVICE DELIVERY SYSTEM:

Approximately 2,700 clients receive these services through Medicaid enrolled providers of services, statewide. The highest categories of service utilization for this population are Skilled Nursing Facility, SNF-Atypical, and Cedar crest.

## **EXPECTED OUTCOMES:**

These long term services and supports serve a unique population that is unavailable with any of the other Medicaid nursing facility providers in the State of New Hampshire.